

MARYLAND TRANSIT ADMINISTRATION

FILM APPLICATION REQUEST

Name of Company: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Contact Name: _____

Email Address: _____

Primary Phone Number: _____ Secondary Phone Number: _____

Film Location: _____

Film Date: _____

Film Time: _____

Specify the use of Maryland Transit Administration (MTA) Property:



YOUR RIDE IS HERE.

MARYLAND TRANSIT ADMINISTRATION

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Name of Film _____

Type of Film: Movie _____ PSA _____ Commercial _____ Other: _____

Number of Crew on MTA Property: _____

Details of Film:

Name & Date: _____

Title: _____

This application does not constitute a contract. Note that there are insurance and other requirements that must be met prior to permission being granted.

YOUR RIDE IS HERE.

